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PTO/SB/21 (08-00)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

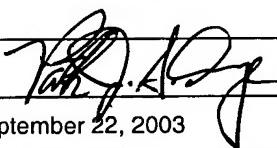
		Application Number	10/646,679
		Filing Date	August 22, 2003
		First Named Inventor	Bardy, Gust H.
		Group Art Unit	Unassigned
		Examiner Name	Unassigned
Total Number of Pages in This Submission		Attorney Docket Number	020.0346.US.CON

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<u>1 Published Reference Postcard</u>
<input checked="" type="checkbox"/> Information Disclosure Statement and Transmittal Letter	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

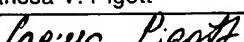
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Law Offices of Patrick J.S. Inouye
Signature	
Date	September 22, 2003

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Mail Stop IDS, PO Box 1450, Alexandria, VA 22313-1450 on this date:

September 22, 2003

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Bardy

Serial No.: 10/646,679

Filed: August 22, 2003

Title: System And Method For Providing  
Feedback To An Individual Patient  
For Automated Remote Patient Care

Attorney Docket No.: 020.0346.US.CON

Commissioner for Patents  
Alexandria, VA 22313-1450

Group Art Unit: Unassigned

Examiner: Unassigned

**INFORMATION DISCLOSURE STATEMENT**

Dear Sir:

This Information Disclosure Statement is submitted:

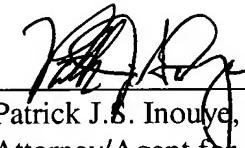
- under 37 CFR 1.97(b), or  
(Within three months of filing national application; or date of entry of international application; or before mailing date of first office action on the merits; whichever occurs last)
- under 37 CFR 1.97(c) together with either a:  
 Statement under 37 CFR 1.97(e), or  
 a \$180.00 fee under 37 CFR 1.17(p), or  
(After the CFR 1.97(b) time period, but before final action or notice of allowance, whichever occurs first)
- under 37 CFR 1.97(d) together with a:  
 Statement under 37 CFR 1.97(e), and  
 a \$180.00 fee set forth in 37 CFR 1.17(p).  
(Filed after final action or notice of allowance, whichever occurs first, but before payment of the issue fee)

Applicant(s) submit herewith Form PTO 1449-Information Disclosure Citation, which applicant(s) believe(s) may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.

The relevance of the attached references is that this is the closest art of which Applicant is aware. Applicant submits that the above references taken alone or in combination neither anticipate nor render obvious the present invention. Consideration of the foregoing in relation to this application is respectfully requested.

It is requested that the information disclosed herein be made of record in this application.

Respectfully submitted,



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Patrick J.S. Inouye, Esq.  
Attorney/Agent for Applicant(s)  
Reg. No. 40297

Date: September 22, 2003

Telephone No.: (206) 381-3900



PTO/SB/08A (10-01)

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Substitute for form 1449A/PTO				<i><b>Complete if Known</b></i>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>				Application Number	10/646,679
				Filing Date	August 22, 2003
				First Named Inventor	Bardy
				Art Unit	Unassigned
				Examiner Name	Unassigned
Sheet	1	of	1	Attorney Docket Number	020.0346.US.CON

## **U.S. PATENT DOCUMENTS**

## **FOREIGN PATENT DOCUMENTS**

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04.

<sup>3</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST. 3).<sup>4</sup>For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document.<sup>5</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible.<sup>6</sup>Applicant is to place a check mark here if English language Translation is attached.

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